## MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/532095 APPLICANT(S)

FILING DATE

**CLAIMS** 

ASPILED   1"AMENDMENT   2 "AN     IND.   DEP.   IND.   DEP.   IND.     1		
1	AFTER 2 MAMENDMENT	
2	DEP.	
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PTO - 1360 (REV. 11/04)

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